



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014  
OF THE CONDITION AND AFFAIRS OF THE

## CareFirst BlueChoice, Inc.

NAIC Group Code	<u>0380</u> (Current)	<u>0380</u> (Prior)	NAIC Company Code	<u>96202</u>	Employer's ID Number	<u>52-1358219</u>
Organized under the Laws of	<u>District of Columbia</u>		State of Domicile or Port of Entry	<u>District of Columbia</u>		
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	<u>Health Maintenance Organization</u>					
Is HMO Federally Qualified?	Yes [ ] No [ X ]					
Incorporated/Organized	<u>06/22/1984</u>		Commenced Business	<u>03/01/1985</u>		
Statutory Home Office	<u>840 First Street, NE</u> (Street and Number)		<u>Washington, DC, US 20065</u> (City or Town, State, Country and Zip Code)			
Main Administrative Office	<u>10455 Mill Run Circle</u> (Street and Number)		<u>410-581-3000-</u> (Area Code) (Telephone Number)			
	<u>Owings Mills, MD, US 21117</u> (City or Town, State, Country and Zip Code)					
Mail Address	<u>10455 Mill Run Circle</u> (Street and Number or P.O. Box)		<u>Owings Mills, MD, US 21117</u> (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	<u>10455 Mill Run Circle</u> (Street and Number)		<u>410-998-7011</u> (Area Code) (Telephone Number)			
	<u>Owings Mills, MD, US 21117</u> (City or Town, State, Country and Zip Code)					
Internet Website Address	<u>www.carefirst.com</u>					
Statutory Statement Contact	<u>William Vincent Stack</u> (Name)		<u>410-998-7011-</u> (Area Code) (Telephone Number)			
	<u>bill.stack@carefirst.com</u> (E-mail Address)		<u>410-998-6850-</u> (FAX Number)			

### OFFICERS

President and Chief Executive Officer	<u>Chester Emerson Burrell</u>	Corp. Treasurer & VP	<u>Jeanne Ann Kennedy</u>
Corp. Secretary, Exec. VP & Gen. Counsel	<u>Meryl Davis Burgin</u>		

### OTHER

<u>Gregory Mark Chaney</u> EVP, CFO	<u>Fred Adrian Walton Plumb</u> EVP, SBU-FEP	<u>Jonathan David Blum</u> # EVP, Medical Affairs
<u>Harry Dietz Fox</u> EVP, Technical & Ops Support	<u>Steven Jon Margolis</u> EVP, Small & Medium Group SBU	<u>Wanda Kay Oneferu-Bey</u> EVP, Consumer Direct SBU
<u>Gwendolyn Denise Skillern</u> SVP, General Auditor	<u>Maria Harris Tildon</u> SVP, Public Policy	<u>Rita Ann Costello</u> SVP, Strategic Marketing
<u>Kenny Waitem Kan</u> SVP, Chief Actuary	<u>Michael Bruce Edwards</u> SVP, Networks Mgmt	<u>Jennifer Ann Cryor Baldwin</u> SVP, Patient Centered Medical Home (PCMH)
<u>Jon Paul Shematek</u> SVP, Chief Medical Officer	<u>Michelle Judith Wright</u> SVP, Human Resources	<u>Usha Nakhasi</u> # SVP, Gen Mgr SBPASC/FEPOC

### DIRECTORS OR TRUSTEES

<u>Chester Emerson Burrell</u> #	<u>Wendell Lee Johns</u> #	<u>Jack Allan Meyer</u> #
<u>John Frederick Reim</u>	<u>James Jerry Xinis</u> #	

State of Maryland SS:  
County of Baltimore

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Chester Emerson Burrell  
President and Chief Executive Officer

Meryl Davis Burgin  
Corp. Secretary, Exec. VP & Gen. Counsel

Jeanne Ann Kennedy  
Corp. Treasurer & VP

Subscribed and sworn to before me this 26th day of February, 2015  
Kathleen M. Rumbly

- a. Is this an original filing? ..... Yes [ X ] No [ ]  
b. If no,  
1. State the amendment number.....  
2. Date filed .....  
3. Number of pages attached.....

Kathleen M. Rumbly  
NOTARY PUBLIC  
Baltimore County, Maryland  
My Commission Expires 3/06/16

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	13,115,888	13,115,888	0	5,703,587	5,703,587	26,231,776
0199999. Total Pharmaceutical Rebate Receivables	13,115,888	13,115,888	0	5,703,587	5,703,587	26,231,776
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	113,739	74,444	36,078	3,798,243	4,022,504	0
0299999. Total Claim Overpayment Receivables	113,739	74,444	36,078	3,798,243	4,022,504	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	31,474,100	0	0	0	0	31,474,100
0399999. Total Loans and Advances to Providers	31,474,100	0	0	0	0	31,474,100
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	44,703,727	13,190,332	36,078	9,501,830	9,726,091	57,705,876

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables .....	8,274,048	0	0	31,935,363	8,274,048	8,274,048
2. Claim overpayment receivables .....	3,991,230	0	0	4,022,504	3,991,230	3,991,230
3. Loans and advances to providers .....	30,150,400	0	0	31,474,100	30,150,400	30,150,400
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	0	0	0	0	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	42,415,678	0	0	67,431,967	42,415,678	42,415,678

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**

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## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	NONE					
2.	Medical furniture, equipment and fixtures .....						
3.	Pharmaceuticals and surgical supplies .....						
4.	Durable medical equipment .....						
5.	Other property and equipment .....						
6.	Total						



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

(LOCATION)

NAIC Group Code	0380	BUSINESS IN THE STATE OF		District of Columbia	DURING THE YEAR						2014	NAIC Company Code		96202
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10				
		2	3											
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:														
1. Prior Year .....	76,096	4,438	71,642	0	8	8	0	0	0	0				
2. First Quarter .....	84,833	5,937	78,232	0	339	325	0	0	0	0				
3. Second Quarter .....	86,982	7,641	78,711	0	326	304	0	0	0	0				
4. Third Quarter .....	85,897	7,764	77,499	0	338	296	0	0	0	0				
5. Current Year .....	86,259	7,464	78,183	0	338	274	0	0	0	0				
6. Current Year Member Months	1,029,842	84,319	937,794	0	4,107	3,622	0	0	0	0				
Total Member Ambulatory Encounters for Year:														
7. Physician .....	478,301	33,731	444,570	0	0	0	0	0	0	0				
8. Non-Physician .....	258,373	22,413	235,960	0	0	0	0	0	0	0				
9. Total .....	736,674	56,144	680,530	0	0	0	0	0	0	0				
10. Hospital Patient Days Incurred	13,599	1,066	12,533	0	0	0	0	0	0	0				
11. Number of Inpatient Admissions	3,946	316	3,630	0	0	0	0	0	0	0				
12. Health Premiums Written (b) .....	349,873,887	20,563,480	327,168,024	0	147,570	1,994,813	0	0	0	0				
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0				
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0				
15. Health Premiums Earned .....	351,693,887	22,383,480	327,168,024	0	147,570	1,994,813	0	0	0	0				
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0				
17. Amount Paid for Provision of Health Care Services .....	262,123,770	20,035,851	240,498,261	0	114,219	1,475,439	0	0	0	0				
18. Amount Incurred for Provision of Health Care Services	268,595,262	21,007,550	246,072,366	0	114,219	1,401,127	0	0	0	0				

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....339 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION      CareFirst BlueChoice, Inc.      2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Maryland		2014							NAIC Company Code	
		Comprehensive (Hospital & Medical)									96202	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	414,987	28,383	331,428	0	91	98	54,987	0	0	0	
2.	First Quarter .....	440,506	58,962	324,990	0	125	111	56,318	0	0	0	
3.	Second Quarter .....	470,003	97,353	316,001	0	134	57	56,458	0	0	0	
4.	Third Quarter .....	471,047	102,563	311,310	0	167	49	56,958	0	0	0	
5.	Current Year .....	470,962	105,504	307,606	0	129	26	57,697	0	0	0	
6.	Current Year Member Months	5,515,905	1,029,858	3,802,367	0	2,383	767	680,530	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	2,845,467	488,848	1,929,850	0	0	0	426,769	0	0	0	
8.	Non-Physician .....	1,561,669	266,106	1,060,569	0	0	0	234,994	0	0	0	
9.	Total .....	4,407,136	754,954	2,990,419	0	0	0	661,763	0	0	0	
10.	Hospital Patient Days Incurred	95,674	17,830	63,085	0	0	0	14,759	0	0	0	
11.	Number of Inpatient Admissions	25,415	4,530	17,338	0	0	0	3,547	0	0	0	
12.	Health Premiums Written (b) .....	1,988,621,263	241,360,408	1,447,897,520	0	149,802	2,040,262	297,173,271	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	1,971,264,299	228,420,408	1,447,817,520	0	149,802	2,040,262	292,836,307	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	1,539,255,825	227,806,868	1,049,579,445	0	115,947	1,337,538	260,416,027	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	1,566,235,058	254,961,955	1,046,593,779	0	115,947	1,375,097	263,188,280	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....9 and number of persons insured under indemnity only products .....129 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0380		Virginia		2014							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	96202	
			2	3								
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	78,778	2,925	75,821	0	2	30	0	0	0	0	
2.	First Quarter .....	89,022	13,344	75,047	0	0	631	0	0	0	0	
3.	Second Quarter .....	101,914	25,857	75,467	0	2	588	0	0	0	0	
4.	Third Quarter .....	103,117	26,170	76,401	0	8	538	0	0	0	0	
5.	Current Year .....	104,815	25,511	78,803	0	6	495	0	0	0	0	
6.	Current Year Member Months	1,173,163	254,972	911,426	0	42	6,723	0	0	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician .....	563,695	112,501	451,194	0	0	0	0	0	0	0	
8.	Non-Physician .....	261,808	55,794	206,014	0	0	0	0	0	0	0	
9.	Total .....	825,503	168,295	657,208	0	0	0	0	0	0	0	
10.	Hospital Patient Days Incurred	15,104	3,864	11,240	0	0	0	0	0	0	0	
11.	Number of Inpatient Admissions	4,405	1,049	3,356	0	0	0	0	0	0	0	
12.	Health Premiums Written (b) .....	376,071,483	66,916,710	307,448,628	0	109,245	1,596,900	0	0	0	0	
13.	Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	
14.	Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	
15.	Health Premiums Earned .....	375,372,382	66,246,710	307,419,527	0	109,245	1,596,900	0	0	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services .....	290,666,269	54,173,259	235,115,180	0	84,556	1,293,274	0	0	0	0	
18.	Amount Incurred for Provision of Health Care Services	301,939,430	61,631,855	238,975,643	0	84,556	1,247,376	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....6 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

CareFirst BlueChoice, Inc.

2. Washington, DC

NAIC Group Code		0380		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2014		(LOCATION)		NAIC Company Code		96202	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10						
			2	3													
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other						
Total Members at end of:																	
1. Prior Year .....		569,861	35,746	478,891	0	101	136	54,987	0	0	0						
2. First Quarter .....		614,361	78,243	478,269	0	464	1,067	56,318	0	0	0						
3. Second Quarter .....		658,899	130,851	470,179	0	462	949	56,458	0	0	0						
4. Third Quarter .....		660,061	136,497	465,210	0	513	883	56,958	0	0	0						
5. Current Year		662,036	138,479	464,592	0	473	795	57,697	0	0	0						
6. Current Year Member Months		7,718,910	1,369,149	5,651,587	0	6,532	11,112	680,530	0	0	0						
Total Member Ambulatory Encounters for Year:																	
7 Physician .....		3,887,463	635,080	2,825,614	0	0	0	426,769	0	0	0						
8. Non-Physician .....		2,081,850	344,313	1,502,543	0	0	0	234,994	0	0	0						
9. Total		5,969,313	979,393	4,328,157	0	0	0	661,763	0	0	0						
10. Hospital Patient Days Incurred		124,377	22,760	86,858	0	0	0	14,759	0	0	0						
11. Number of Inpatient Admissions		33,766	5,895	24,324	0	0	0	3,547	0	0	0						
12. Health Premiums Written (b) .....		2,714,566,633	328,840,598	2,082,514,172	0	406,617	5,631,975	297,173,271	0	0	0						
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0						
14. Property/Casualty Premiums Written .....		0	0	0	0	0	0	0	0	0	0						
15. Health Premiums Earned.....		2,698,330,568	317,050,598	2,082,405,071	0	406,617	5,631,975	292,836,307	0	0	0						
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0						
17. Amount Paid for Provision of Health Care Services.....		2,092,045,864	302,015,978	1,525,192,886	0	314,722	4,106,251	260,416,027	0	0	0						
18 Amount Incurred for Provision of Health Care Services		2,136,769,750	337,601,360	1,531,641,788	0	314,722	4,023,600	263,188,280	0	0	0						

(a) For health business: number of persons insured under PPO managed care products 9 and number of persons insured under indemnity only products 474 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

## SCHEDULE S - PART 1 - SECTION 2

[illegible]

## SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
53007	53-0078070	01/01/2007	Group Hospitalization and Medical Services, Inc.	DC	LRS�/A/G	CMM	12,500	0	0	0	0	0	0
47058	52-1385894	01/01/2007	CareFirst of Maryland, Inc.	MD	LRS�/A/G	CMM	12,500	0	0	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other							25,000	0	0	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							25,000	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							25,000	0	0	0	0	0	0
00000	AA-9990032	01/01/2014	U.S. Department of Health and Human Services	DC	OTH/A/I	CMM	4,241,277	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							4,241,277	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							4,241,277	0	0	0	0	0	0
1199999. Total General Account Authorized							4,266,277	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							4,266,277	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							4,266,277	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							4,266,277	0	0	0	0	0	0



Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums .....	4,266	25	25	25	25
2. Title XVIII - Medicare .....	0	0	0	0	0
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....	0	0	0	0	0
5. Total hospital and medical expenses .....	35,879	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable .....	4,620	0	0	0	0
8. Reinsurance recoverable on paid losses .....	31,259	0	0	0	0
9. Experience rating refunds due or unpaid .....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due .....	0	0	0	0	0
11. Unauthorized reinsurance offset .....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers .....	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....	0	0	0	XXX	XXX
18. Funds deposited by and withheld from (F) .....	0	0	0	XXX	XXX
19. Letters of credit (L) .....	0	0	0	XXX	XXX
20. Trust agreements (T) .....	0	0	0	XXX	XXX
21. Other (O) .....	0	0	0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	881,834,115	0	881,834,115
2. Accident and health premiums due and unpaid (Line 15) .....	78,829,497	0	78,829,497
3. Amounts recoverable from reinsurers (Line 16.1) .....	31,259,212	(31,259,212)	0
4. Net credit for ceded reinsurance .....	XXX	35,878,889	35,878,889
5. All other admitted assets (Balance) .....	160,389,682	0	160,389,682
6. Total assets (Line 28)	1,152,312,506	4,619,677	1,156,932,183
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	178,395,323	4,619,677	183,015,000
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0	0	0
9. Premiums received in advance (Line 8) .....	68,651,229	0	68,651,229
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	148,215,625	0	148,215,625
15. Total liabilities (Line 24) .....	395,262,177	4,619,677	399,881,854
16. Total capital and surplus (Line 33) .....	757,050,329	XXX	757,050,329
17. Total liabilities, capital and surplus (Line 34)	1,152,312,506	4,619,677	1,156,932,183
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	4,619,677		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	31,259,212		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	35,878,889		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	35,878,889		

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama .....	AL					
2.	Alaska .....	AK					
3.	Arizona .....	AZ					
4.	Arkansas .....	AR					
5.	California .....	CA					
6.	Colorado .....	CO					
7.	Connecticut .....	CT					
8.	Delaware .....	DE					
9.	District of Columbia .....	DC					
10.	Florida .....	FL					
11.	Georgia .....	GA					
12.	Hawaii .....	HI					
13.	Idaho .....	ID					
14.	Illinois .....	IL					
15.	Indiana .....	IN					
16.	Iowa .....	IA					
17.	Kansas .....	KS					
18.	Kentucky .....	KY					
19.	Louisiana .....	LA					
20.	Maine .....	ME					
21.	Maryland .....	MD					
22.	Massachusetts .....	MA					
23.	Michigan .....	MI					
24.	Minnesota .....	MN					
25.	Mississippi .....	MS					
26.	Missouri .....	MO					
27.	Montana .....	MT					
28.	Nebraska .....	NE					
29.	Nevada .....	NV					
30.	New Hampshire .....	NH					
31.	New Jersey .....	NJ					
32.	New Mexico .....	NM					
33.	New York .....	NY					
34.	North Carolina .....	NC					
35.	North Dakota .....	ND					
36.	Ohio .....	OH					
37.	Oklahoma .....	OK					
38.	Oregon .....	OR					
39.	Pennsylvania .....	PA					
40.	Rhode Island .....	RI					
41.	South Carolina .....	SC					
42.	South Dakota .....	SD					
43.	Tennessee .....	TN					
44.	Texas .....	TX					
45.	Utah .....	UT					
46.	Vermont .....	VT					
47.	Virginia .....	VA					
48.	Washington .....	WA					
49.	West Virginia .....	WV					
50.	Wisconsin .....	WI					
51.	Wyoming .....	WY					
52.	American Samoa .....	AS					
53.	Guam .....	GU					
54.	Puerto Rico .....	PR					
55.	U.S. Virgin Islands .....	VI					
56.	Northern Mariana Islands .....	MP					
57.	Canada .....	CAN					
58.	Aggregate Other Alien .....	OT					
59.	Total						

NONE

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

## SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

[illegible]

Asterisk	Explanation
N/A	

## ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

## SCHEDULE Y

## PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES









The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? .....	SEE EXPLANATION
2.	Will an actuarial opinion be filed by March 1? .....	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1? .....	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1? .....	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1? .....	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1? .....	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....	YES

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? .....	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? .....	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? .....	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? .....	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? .....	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? .....	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? .....	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? .....	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? .....	YES
Explanations:		
1.	An extension was granted by the state of domicile to file on 4/15/2015.	
11.		
12.		
13.		
14.	Not applicable. Company does not have 100 or more stockholders.	
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		

Bar Codes:

11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12.	Life Supplement [Document Identifier 205]	
13.	Property/Casualty Supplement [Document Identifier 207]	
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CareFirst BlueChoice, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Relief from the Requirements for Audit Committees [Document Identifier 226]



21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]





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